

Honorable Robert D. Drain
Docket # 05-44481 (RDD)
U.S. Bankruptcy Judge – Southern District of N.Y.
One Bowling Green
New York, NY 10004-1408

Contest June 1st, 2009 Master Disposition Agreement Article 9.5.11 Severance
Termination, Delphi Docket Number 05-44481.

Delphi entered into a legal agreement with this writer, relative to my employment status and severance pay. I have a signed “release of claims” contract that I expect to be fulfilled. Severance payment was to be provided in exchange for my continued services until released and my requirement to waive certain rights/claims as specified in the “release of claims” contract. Here are my points of objection:

- 1) Severance payment entitlement is by contract (Separation Agreement).
- 2) Employees waived certain rights (Release of Claims) to receive severance. (I provided an item of value to Delphi in exchange for severance payment.)
- 3) The referenced contract was entered into during bankruptcy (November, 2008).
- 4) Severance payments are a contract liability (not a Delphi benefit).
- 5) I have a valid / binding / legal contract and I expect it to be honored.

In conclusion, I have a signed contract. I have fulfilled my conditions of that contract. I provided my services to wind down the Athens Site, as requested. I signed a release of claims form to waive certain rights. Now **Delphi must fulfill** their obligation and pay the severance monies, as they agreed in this contract.

I have also attached a copy of my Separation Allowance Plan Release of Claims.

Sincerely,

John R. Davidson, June 24th 2009

John R. Davidson
2823 Lower River Road SE
Decatur, AL 35603
Phone 256-355-3872

Hire Date: September 9th, 1979

**Delphi Corporation
Separation Allowance Plan Release of Claims**

I have been separated from my employment with Delphi Corporation ("Delphi") effective Aug 31 (LW), 2009 under terms which make me eligible for benefits under the Separation Allowance Plan (the "Plan"). These benefits include Severance Pay in the total amount of \$ 124,380, less applicable deductions, to be paid in 24 semi monthly installments commencing on Sept 1, 2009, and Other Transition Assistance, comprised of outplacement assistance and \$2000 which I may, at my discretion, use to help pay for the continuation of health care coverage through Delphi; provided, however, that, if I am eligible to retire with corporate contributions for health care in retirement at the time of my separation, I am not eligible for this \$2,000. I acknowledge that the consideration provided for in this Release of Claims is in excess of anything I would otherwise be entitled to receive absent my signing this Release of Claims.

In consideration for receiving these benefits, I, for myself, family, heirs, and representatives, release, remise, and forever discharge Delphi, General Motors Corporation, and their respective officers, shareholders, subsidiaries, affiliates, joint ventures, employee benefit plans, agents and employees, successors, and assigns from any and all manner of actions, causes of actions, suits, proceedings, damages, costs, and claims whatsoever in law or in equity (collectively "Claims"), based on race, color, national origin, religion, or sex; the Americans with Disabilities Act, which prohibits discrimination in employment based on disability; the Age Discrimination and Employment Act, which prohibits discrimination in employment based on age; the Equal Pay Act, which prohibits wage discrimination; state fair employment practices or civil rights laws; and any other federal, state or local law, order, or regulation or the common law relating to employment or employment discrimination, including those which preclude any form of discrimination based on age. This includes, without limitation, Claims for breach of contract (either express or implied), slander, libel, defamation, and wrongful discharge. This release does not apply to Claims that are not subject to waiver under applicable law. This covers Claims I know about and Claims I do not know about; but does not cover Claims that arise after I separate from Delphi.

I understand that, by accepting benefits under the Plan, I will no longer be entitled to receive any disability benefits (short-term, long-term, or total and permanent) under the Delphi Life and Disability Benefits Program for Salaried Employees or the Delphi Retirement Program for Salaried Employees relating to any disability that arose or arises at any time, and if I am currently receiving or am eligible to receive disability benefits as of the effective date of this Release of Claims, I understand that such benefits or eligibility for such benefits will cease upon the effective date of this Release of Claims.

I have been given a minimum of forty-five (45) calendar days to review this Release of Claims and a written notice of the ages and job titles of all individuals in the same job classification or organizational unit who were (i) selected and (ii) who were not eligible or not selected for separation. I understand that I may use as much of this forty-five (45) day period as I wish. I have been advised to consult an attorney before signing this Release of Claims, but understand that whether or not I do so is exclusively my decision. I understand that I may revoke this Release of Claims within seven (7) days of my signing it. To be effective, the revocation must be in writing and must be received by November 30, 2008 before the close of business on the seventh (7th) day after I sign this Release of Claims.

I acknowledge that Delphi has made no prior representations, promises, or agreements relating to my employment and separation contrary to this Release of Claims. I understand that I am not eligible for benefits Delphi provides under any other separation program and that I will not be eligible for any enhancements Delphi may subsequently make to the benefits provided under the Plan. This Release of Claims constitutes the entire and only understanding between Delphi and me regarding my separation. If any provision or portion of this Release of Claims is held unenforceable or invalid, all remaining provisions of this Release of Claims remain in full force and effect.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS. I AFFIRM THAT I UNDERSTAND AND VOLUNTARILY AGREE TO ITS TERMS.

Signed: John R. Davidson

Delphi Identification Number (DIN): 1004566

Dated: 11/20/08

Accepted: Harry L. Fuller 11/20/2008
Delphi Corporation